



Beneficiary Designation Change Form

Form Instructions:

Use this form if you'd like to change beneficiaries on an existing account. This form may be used for Individual and Employer Sponsored Plan Accounts

1. Account Holder Information

Administrator: _____ Account number _____

Account holder's name _____ Social security number _____

Home address _____ Telephone number _____

City, State, Zip _____ Date of birth _____

2. Designated Beneficiary Information

I hereby revoke any prior beneficiary designation made by me and designate the individuals named below as my Primary and Contingent Beneficiaries of this IRA. If the Primary or Contingent Beneficiary box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If any Primary or Contingent Beneficiary does not survive me, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis.

Primary Name: _____ SSN: _____

Contingent Address: _____ Relationship: _____

Date of Birth: _____ Share: _____ %

If I named a Beneficiary which is a Trust, I understand I must supply a copy or abstract of the Trust

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Contingent Address: _____ Relationship: _____

Date of Birth: _____ Share: _____ %

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Primary Name: _____ SSN: _____

Contingent Address: _____ Relationship: _____

Date of Birth: _____ Share: _____ %

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3. Account Holder

I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to the Administrator. *If I named a Beneficiary which is a Trust, I understand I must supply a copy or abstract of the Trust.*

Signature of Participant _____ Date _____

4. CONSENT OF SPOUSE

I consent to the above Beneficiary Designation.

Signature of Spouse _____ Date _____

(Note: Consent of the Participant's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to the Participant's Spouse.) Disclaimer For Community and Marital Property States: The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, the Administrator disclaims any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor.

5. Acceptance

The Administrator acknowledges and accepts receipt of this IRA Beneficiary Designation or Change Form.

Authorized Signature of Administrator _____ Date Accepted _____